

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

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DANGERS OF THE TOURNIQUET.—The *Journal of the American Medical Association* in a synopsis of an article in *Nordisches medicinisches Archiv*, Stockholm, says: "Ahlberg relates three instances of serious injury resulting from the application of the Esmarch bandage to arrest hemorrhage after an accident. In one case the tourniquet had been applied very tightly and left for a day and a half above the severed brachial artery. There had been considerable hemorrhage and the patient, a robust young man, soon succumbed. The fatality may have been due to the acute anæmia alone, but there is a possibility that the products of decomposition after ligation of the artery may have induced intoxication of the organism, already enfeebled by the anæmia, when the constriction was removed. The tourniquet should never be left long, but should be removed at the earliest possible moment. It should be applied as close to the wound as possible. In two of his cases the limb had to be amputated at a much higher point than would have been required by the trauma alone. It should be more generally emphasized that all the parts below a tourniquet left for more than three hours are exposed to the great danger of tissue death. Another important point to be borne in mind is that the injured part should have all the cleansing manipulations done before the tourniquet is removed. It prevents foreign matters and fluid from being sucked into the circulation, and consequently they should all be cleaned off before the circulation through the parts is restored."

TREATMENT OF ERYSIPELAS.—Dr. J. W. Boyrath reports a case in the *Medical Standard* as follows: "The patient, a little girl, aged two and one-half years, had erysipelas, beginning on the leg below the knee, spreading rapidly to the foot and upward until one-third the entire body was involved. Temperature ran high and the systemic symptoms were alarming. I began locally with the old remedy, ichthyol, but got no results. I then changed to creolin and used this faithfully for three days, painting with the pure creolin, leaving it on three minutes and washing off with plain water; but this too failed to give any relief. About this time I read an article advising acetozone—fifteen grains to two pints of water. I used this treatment by keeping wet packs of this solution con-

tinually on the patient. In thirty-six hours the temperature had come down to normal and the disease had entirely abated."

FASTING IN ACUTE DISEASES.—Dr. Morton J. Sands in a paper in the *New York State Journal of Medicine* describes his dietetic treatment of cases of acute disease, especially typhoid fever. He gives absolutely no food, but abundance of water. He says: "It has been my experience that the digestive and assimilative powers of a patient are in abeyance in proportion to the severity of the sickness. On account of fever, possibly of toxins in the blood, of shock to the nervous system following the invasion of disease in a vital organ, nourishment fails to be appropriated to the benefit of the system and only handicaps the patient's chance of recovery. The fasting period varies with the nature and severity of the disease. It has been prolonged to twenty-one days in typhoid, insuring the patient a comfortable illness. The quantity of water given is at least two quarts in twenty-four hours. There is no diarrhoea or tympanites, pain and tenderness very slight, sleeplessness is rare, and delirium seldom present. The patient does not seem as weak at the end of the disease as when fed throughout, and does not appear to lose flesh more rapidly than when fed as usual. Food should be withheld until the tongue is clean, bowels quiet, and temperature normal."

DISTRIBUTION OF STREPTOCOCCI THROUGH INVISIBLE SPUTUM.—Dr. Alice Hamilton, of Chicago, has been conducting investigations in this subject and presents the result in a paper in the *Journal of the American Medical Association*. She found that an increased severity of infection might be conveyed from one scarlet-fever patient to another in this way and that the operating surgeon or nurses in attendance might thus infect a wound by coughing, speaking, or whispering. She thus summarizes her conclusions:

"Streptococci are expelled from the mouth in the invisible droplets of sputum by coughing, speaking, whispering, crying, or breathing forcibly through the mouth. They are expelled to a distance of at least thirty-six centimetres. Thirty-three out of fifty scarlet-fever patients, most of them children, were found to expel streptococci in coughing, crying, or breathing; forty-two out of fifty normal adults were found to expel streptococci in coughing or in speaking. The streptococci thus disseminated may be inhaled by others, and may set up streptococcal complications or may fall on the tissues exposed at an operation and cause suppuration. Just as the virulence of an individual strain of streptococcus may be raised by planting on certain nutrient media or by passing

through susceptible animals, so, in all probability, it may be raised by passage from one human being to another. In this way may be explained the conversion of a case of simple scarlet fever into one of scarlatinal sepsis, and in the same way may be explained the cases of surgical sepsis which occur after all usual precautions have been taken. Cases of scarlet fever with streptococcal complications should be isolated from cases without such complications. Surgeons and nurses should have their mouths protected during the time of an operation.

SPINAL COCAINIZATION.—Deloup says in the *New Orleans Medical and Surgical Journal* that he uses a plain four per cent. solution of cocaine made with sterile water and heated to the boiling point at the time of the operation. Based on an experience of a little over one hundred cases, he believes that the following conclusions are justified: 1. That the method is as safe as, if not safer than, general anæsthesia. 2. That we may safely employ up to half a grain of cocaine without fear of toxic effects. 3. That shock, when present, is decidedly less than that of general anæsthesia. 4. That it is attended with less danger of annoying sequelæ and symptoms. 5. That it can be relied on for prolonged operative procedures.

A NEW HYPNOTIC.—Dr. A. P. Stoner in the *New York Medical Journal* speaks favorably of a new hypnotic which he thinks equal in activity to chloral without the depressing effect of that drug on the respiratory and circulatory functions. It is chemically trichlorispropylalcohol and is known as isporal. It occurs as a colorless, shining, crystalline powder, slightly soluble in water, and has a burning taste and a characteristic, pungent odor. He says the best results are to be attained in doses of from 0.65 gramme to one gramme, and it should be taken upon an empty stomach.

TOILET OF THE ANUS.—*American Medicine*, quoting from the *Scottish Medical and Surgical Journal*, says: "A. G. Miller believes that a vast variety of organisms are conveyed by the hand from the anus to other parts of the body, and that, in addition, pathologic conditions of the anus are often the result of imperfect cleansing. These affections generally cause itching, and thus the hands are still more infected. He advises that in addition to the use of toilet paper the anus be carefully washed with soap and water, with the skin put on the stretch after each defecation, this to be followed by thorough cleansing of the hands and nails themselves. He thinks that many cases of puritus ani, boils, fissure, and even inflamed piles might be prevented by proper cleanliness."